## PART B - FEE(S) TRANSMITTAL

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11682 EL CAM SUITE 400	Γ, WILL & EMEI INO REAL	4/2009 RY	hav	e its own certificate Cert	of mailing ificate of N	or transmission. <b>Aailing or Trans</b>		
SAN DIEGO, C.	A 92130-2047						(Depositor's name)	
							(Signature)	
			L_				(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	:	ATTORNEY	Y DOCKET NO.	CONFIRMATION NO.	
10/576,982 TITLE OF INVENTION	05/01/2007 : PROTEIN EXPRESSI	ON	Mark S. Turner		0500	21-0026	1918	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TO	TAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300	\$0		\$1055	08/04/2009	
EXAM	INER	ART UNIT	CLASS-SUBCLASS	and the second				
ARCHIE, NINA		1645	435-069100	j				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NC			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  data will appear on the patent. If an assignee is identified below, the document has been filed for or a substitute for filing an assignment.					
(A) NAME OF ASSIG			(B) RESIDENCE: (CITY					
Dairy Aust	University ralia Limited ate assignee category or	rinted on the patent):	Au	strali strali pocation oc	а	up entity 🗖 Government		
ta. The following fee(s) at 22 Issue Fee 22 Publication Fee (No 22 Advance Order - #		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502624. (enclose an extra copy of this form).						
	SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no long	ger claiming SMALI	ENTITY:	status. See 37 CF	R 1.27(g)(2).	
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